



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

CATERING SERVICE PACKET

Before opening a catering service, provide the following information to Clark County Public Health:

1. **PLAN REVIEW APPLICATION FORM.** Complete the Plan Review Application form.
2. **PERMIT APPLICATION FORM.** Complete the Permit Application form.
3. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
4. **MENU.** Provide a menu or a list of the foods to be served.
5. **METHOD OF FOOD PREPARATION.** The following information must be provided:
 - Types of food preparation and cooking conducted in the commissary/base of operation.
 - Types of food preparation and cooking conducted in the concession stand.
6. **COMMISSARY FLOOR PLAN.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed commissary/base of operation indicating locations of the following:
 - Hand wash sinks;
 - Food preparation sink and the floor drain;
 - Commercial refrigeration and freezer units, model and brand;
 - Cooking and hot-holding equipment;
 - Three-compartment sink
 - Dishwasher (if applicable);
 - Mop sink;
 - Ice machine and floor drain;
 - Toilet(s) and hand wash sink(s); and
 - Provide description of finishes on floors, walls, counter tops and ceilings.
7. **LETTER OF AGREEMENT.** If the above commissary kitchen is not owned by applicant, provide a letter of agreement to use the facilities.
8. **FOOD TRANSPORTATION AND ON-SITE EQUIPMENT.**
 - Provide a list of the equipment used to transport hot and cold food.
 - Provide a list of equipment used at the catered event for cold food storage and hot holding. Sterno may not be used for hot holding food at any outdoor event.
9. **ITINERARY.** Provide a list of regularly catered sites or contact Clark County Public Health to schedule an inspection.

THE ABOVE ITEMS MUST BE SUBMITTED WHEN PAYING FOR A PLAN REVIEW.

If any of these items are omitted, the plan review cannot be accepted.

ALLOW AT LEAST TWO WEEKS FOR PLAN REVIEW COMPLETION.

ONLY COMPLETED PLANS WILL BE PROCESSED AND REVIEWED.

Following plan approval:

- ✓ **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** A pre-opening inspection of the food establishment must be conducted. Call (360) 397-8428 at least one week in advance to schedule this on-site inspection.
- ✓ **PAY FOR PERMIT.** Before opening, the food service permit must be paid.

COMPLIANCE WITH CHAPTER 246-215 WAC IS REQUIRED

1. **WATER SUPPLY.** Water must be adequate in quantity and quality, supplied by a source approved under WAC 246-290 and monitored according to standards.
2. **SEWAGE SYSTEM.** Provide that all liquid wastes, including ice melt, are disposed into an approved sewage disposal system.
3. **FOOD SOURCE.** All food, including ice, must be from an approved source or commissary and all prepackaged foods must be properly labeled.
4. **REFRIGERATION.** Provide commercial refrigeration units sufficient for all appropriate foods to maintain temperatures to 41°F or less.
5. **THERMOMETERS.** Provide all refrigeration units with accurate thermometers. Provide an accurate metal stem thermometer to monitor hot and cold food temperatures in the kitchen and after transportation to the food service site.
6. **HAND WASH SINK.** In the kitchen, a hand wash sink must be present which is accessible, convenient and used exclusively for hand washing. The hand wash sink shall have hot and cold water provided through a mixing faucet. There shall be soap dispenser and single use paper towels at the sink.
7. **PLUMBING.** Plumbing must be sized, installed and maintained in accordance with applicable Washington State and local plumbing codes. Provide indirect drains at the food preparation sinks, icemaker and any ice bins.
8. **UTENSIL WASHING.** Provide a three-compartment sink or a three-compartment sink with a mechanical dishwasher with a drain board for the cleaning and sanitizing of equipment and utensils.
9. **EQUIPMENT AND UTENSILS.** Provide that equipment and utensils are cleanable, durable, in good repair, and in conformance with the current standards and listing of the National Sanitation Foundation.
10. **SMOKING.** The use of tobacco is prohibited in any food preparation area, transportation area, and food service area.
11. **GARBAGE STORAGE.** Provide leak proof, vermin proof, and covered container. Provide for appropriate frequency of garbage pickup.
12. **TOILETS.** A toilet must be readily accessible and available within at least 200 feet of the commissary kitchen. Toilet facilities must have a hand-washing sink with hot and cold running water, single service soap and towel dispenser.
13. **FOOD AND BEVERAGE WORKER CARDS.** All food workers must obtain and maintain a valid Washington State Food and Beverage Worker card. For food and beverage worker testing times and information, call (360) 397-8435.

ALL CATERED EVENTS MUST HAVE THE FOLLOWING:

1. **HAND WASHING STATION.** At all outdoor events, provide a 5-gallon insulated container with a spigot that provides a continuous flow of warm water, a bucket to collect the dirty water, a pump soap dispenser and paper towels.
2. **PERMIT and FOOD WORKER CARDS.** The permit must be on-site at any catered event. A photocopy of the permit *is not valid*. Valid Washington Food and Beverage Worker cards must be available for inspection.
3. **SANITIZING SOLUTION.** Wiping cloths, stored in an approved sanitizing solution, to clean up food spills, wipe work surfaces, counter and equipment must present. One-teaspoon bleach in one gallon of tepid water is acceptable.
4. **METAL STEM THERMOMETER.** An accurate metal stem thermometer with a range from 0°F to 220°F must be on-site to monitor hot and cold food temperatures. A roast thermometer is **NOT** acceptable.
5. **APPROVED STORAGE AND DISPLAY OF FOODS.** Potentially hazardous food must be stored at 41°F or colder or hot held at 140°F or higher. All food and utensils must be stored at least 6 inches off the ground. Food must be protected from contamination by the use of sneeze guards, display cases, or other effective measures.

For further information, please call Clark County Public Health at (360) 397-8428, press option 0, and ask to speak with an environmental health specialist in the Food Safety Program.



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PLAN REVIEW APPLICATION FORM (Please Print)

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE NUMBER _____ ESTIMATED OPENING DATE _____

BUSINESS NAME OF OWNER or CORPORATION NAME _____

BUSINESS OWNERSHIP STATUS: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.

OWNER NAME _____ OWNER NAME _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS FAX _____

IS THIS A CHANGE OF OWNERSHIP? NO ☐ YES ☐ IF Yes, date of change: _____

If Yes, previous name of the restaurant? _____

IS THIS: ☐ New construction or conversion of an existing building to a restaurant

☐ An existing restaurant/kitchen remodel

Construction company contact person _____ PHONE _____

BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

WATER: ☐ Amboy (CPU) ☐ Battle Ground ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____
☐ Small Public Water Supply Name _____ ID# _____

SEWAGE: ☐ Public sewer ☐ On-site septic system. **Date of last septic system inspection or pumping:** _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment planned.

- | | | | | |
|-------------------------------------|---|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Annual Itinerant/Farmer's Market | <input type="checkbox"/> Bakery (only) | <input type="checkbox"/> Grocery/Convenience Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Meat/Fish Market (only) | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Espresso Cart/Stand | <input type="checkbox"/> Caterer | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

COMMISSARY LOCATION (For Annual Itinerant, Mobile Unit or Caterer) _____ ID # _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE _____

DATE _____

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____



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FOOD SERVICE PERMIT APPLICATION FORM

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT

NAME OF FOOD ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE _____ FAX NUMBER _____

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS: ☐ YES ☐ NO

IF NO, LOCAL MAILING ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE E-MAIL ADDRESS _____

OWNER INFORMATION:

BUSINESS NAME or CORPORATION NAME _____

OWNERSHIP STATUS OF ABOVE: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME _____ OWNER NAME _____

OWNER HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS: ☐ YES ☐ NO

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS _____

BILLING INFORMATION:

NAME _____ CARE OF _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE

(For restaurants and taverns only)

Check one: A. ☐ 0- \$250,000 B. ☐ \$250,000 - \$500,000 C. ☐ \$500,000 - \$750,000 D. ☐ \$750,000 - \$1,000,000 E. ☐ \$1,000,000 and over

IS THIS A CHANGE IN OWNERSHIP? NO ☐ YES ☐

If YES, date of change: _____ Previous establishment's name: _____

WATER: ☐ Amboy (CPU) ☐ Battle Ground ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____

☐ Small Public Water Supply Name _____ and ID # _____

SEWAGE: ☐ Public Sewer ☐ On-site septic system. Last inspection date: _____ ***ATTACH COPY OF THIS INSPECTION**

(SEE www.onlinermc.com)

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:

- | | | | | |
|-------------------------------------|---|--|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Public Kitchen | <input type="checkbox"/> Bakery | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Annual Itinerant/Farmer's Market ** | <input type="checkbox"/> Meat/Fish Market | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Seasonal** | <input type="checkbox"/> Mobile Unit** | <input type="checkbox"/> Espresso Cart/Stand** | <input type="checkbox"/> Caterer** | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

****CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE MAY BE REQUIRED FOR PERMIT**

APPLICANT'S SIGNATURE _____ **DATE** _____

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.

DATE PAID: _____	INV _____	OW _____	EHA: _____
AMT RCVD: \$ _____	AR _____	FA _____	SR _____ PR _____



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FOOD WORKER TESTING INFORMATION

TESTING IS AVAILABLE ON-LINE AT www.foodworkercard.wa.gov
OR AT THE CLARK COUNTY PUBLIC HEALTH (CCPH) OFFICE

CCPH TESTING DAYS & TIMES

WHEN: Monday, Tuesday, Thursday & Friday:
8:00 AM to 3:00 PM
Wednesday — Special Needs - by
appointment only

WHERE: Clark County Public Health
1601 E. Fourth Plain Blvd. Third Floor
For information call 397-8428.

REGISTRATION: Registration closes at 3:00 PM and test must be completed ***before*** 4:15 PM.

Children are not allowed in the testing room and should not be left unattended in the waiting area.

FOR FIRST CARD: Test can be taken on-line at www.foodworkercard.wa.gov or at the CCPH office. The test on-line is the same test available at the CCPH office.

Taken at the CCPH office:

- Bring picture identification.
- Register at the kiosk
- Watch video

- Take test
- Pay \$10.00 fee
- Card issued

Test taken on-line:

- www.foodworkercard.wa.gov
- Register
- Watch Video
- Take test
- Make payment: The cost of the class is \$10 and can be paid with VISA, MasterCard and debit cards with the VISA or MasterCard logo. Payment will be required after you have passed the test.
- Make sure you are connected to working printer for you will be printing your own card.
- Print card

On-line Information:

- Be advised when your debit or credit billing statement arrives, charges for you food worker card will be listed under **“Tacoma-Pierce County Health Department.”**
- Turn off your pop-up blocker. The pop-up blocker can usually be found under Tools on your browser menu bar.
- Make sure you have the latest version of Adobe Flash on your computer. You can download Adobe Flash for free at <https://get.adobe.com/flashplayer>

TO RENEW CARD: If card is renewed *before* the expiration date on the card, a 3 year card can be issued at CCPH office only. The renewal period is **60 DAYS BEFORE** the card expires. Testing requirements are the same as if you were taking the test for the first time. Video must be reviewed and test taken every time you renew your food worker card.

RENEWING CARD FOR 5 YEARS: Follow the procedure to renew a card. Bring proof that an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

REPLACEMENT CARDS: Food Worker Card can only be replaced if the card was issued after May 2011. Bring picture identification and a \$10.00 replacement fee.

SPECIAL NEEDS TESTING: Call 397-8428, Ext. 7249 for information and scheduling.

MANUAL AND TEST OFFERED IN ENGLISH, CAMBODIAN, CANTONESE, KOREAN, MANDARIN, RUSSIAN, SPANISH, VIETNAMESE and CLOSED CAPTION.



For other formats, contact the Clark County ADA Office: **Voice** (360) 397-2000;
Relay 711 or (800) 833-6388; **Fax** (360) 397-6165; **E-mail** ADA@clark.wa.gov.



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COMMISSARY* AGREEMENT (Annual Renewal Submitted to CCPH)

Name of Commissary Facility	
Facility Address	City/Zip
Owner Signature	Day Phone Number
Printed Name	Date

The above facility hereby agrees to provide access and use of their food service facility as a commissary to the owner and employee(s) of:

Name of Business	
Address	City/Zip
Owner Signature	Day Phone Number
Printed Name	Date

Food Safety inspections of commissary activities are required. Indicate applicable day and time of use:

☐ Monday _____ ☐ Wednesday _____ ☐ Friday _____ ☐ Sunday _____
☐ Tuesday _____ ☐ Thursday _____ ☐ Saturday _____

Use of the above commissary is required for food preparation and storage, warewashing activities, potable water supply, wastewater disposal and/or mobile unit servicing needs as specified in the plan review process.

This agreement is a condition of the operating permit, and is subject to approval by CCPH. The agreement must be renewed annually. Should either party terminate the Commissary Agreement, the permit for the party requiring commissary use is suspended and all food and beverage operations shall cease until the owner/operator of the permit secures the services of an approved kitchen facility and a signed Agreement provided to and approved by CCPH.

* "Commissary" is defined as an approved Food Establishment where food is stored, prepared, portioned, or packaged for service elsewhere (WAC 246-215-0115).

Environmental Health Specialist	Date
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CLARK COUNTY PUBLIC HEALTH FOOD SAFETY PROGRAM 2014 FEE SCHEDULE

The definitions and fees listed below are for general informational purposes only.
Please consult Clark County Public Health (CCPH) with the specifics of your operation.

FOOD PLAN REVIEW

1-time only fee paid before opening a food establishment. The Food Plan Review fee varies, depending on the type of food establishment.

In addition to a Food Plan Review fee, an Annual Permit Fee is required

NEW CONSTRUCTION **\$670**

Establishment not previously preparing and/or selling food.

REMODEL/OPERATING MODIFICATIONS **\$422**

Existing and currently operating food establishment to undergo structural or equipment change; previously operating food establishment that is reopening; or ownership change that results in changes to the previously approved menu, food preparation steps, or complexity level.

ESPRESSO/BEVERAGE, MOBILE UNITS, FARMER'S MARKET, MULTIPLE EVENT VENDORS **\$422**

New food service that occurs only in conjunction with scheduled events such as farmers markets or community festivals; or espresso or other beverage establishments.

CHANGE OF OWNERSHIP **\$161**

Ownership change of an existing, operating food establishment that results in only minimal changes to menu; and when notification is provided to Clark County Public Health 30 days or more prior to opening.

When notification is not provided 30 days or more prior to opening. **\$261**

COMPLEXITY LEVEL

Depending on the complexity of the menu, different food establishments have varying Annual Permit Fees.

EXEMPT FROM PERMIT

Pre-packaged non-potentially hazardous foods.

Examples: Candy bars, packaged nuts, soda, gum; and foods, such as cotton candy, popcorn, and candy apples may be prepared and sold without a permit. Complete list available upon request.

LEVEL 1

Pre-packaged foods; limited preparation required; heating and hot holding limited to 2 potentially hazardous foods. Most baked goods.

Examples: Grocery carrying pre-packaged products such as dairy, eggs, blended drinks, pre-packaged sandwiches made in an approved facility; espresso stand serving pre-packaged items made in an approved facility; ice cream/yogurt shop, beverage only.

LEVEL 2

Proteins must be purchased pre-cooked; cooling not permitted; hot held leftovers must be discarded daily.

Examples: Pre-cooked hamburgers and proteins; sandwiches; soups, and pizza.

LEVEL 3

Handling of raw proteins; preparation steps may include cooking, cooling, and/or reheating; baked goods containing custard.

Examples: Full service bars, grills, and restaurants; lasagna, sauce, refried beans, soup, fried rice, roast; meat loaf, tamales, and fried protein.

ESTABLISHMENT TYPES & DESCRIPTIONS

Food establishments may have varying permit levels depending on type and complexity. Annual Fee amounts are listed.

MULTIPLE EVENT (ITINERANT)

Food service occurs only in conjunction with scheduled events (farmer's market, community festivals, etc.).

Preparation of menu items must be done only in a CCPH permitted kitchen or on-site. The permitted kitchen must be used for all food and equipment storage, ware washing, and water supply. An Annual Commissary Agreement is required with a permitted kitchen.

Limited menu. Foods must be prepared for immediate service or hot holding only. Cooling not allowed. Leftovers must be discarded daily.

May cater events only with menu items that are reviewed and approved by CCPH.

Level 1	\$248
Level 2	\$546
Level 3	\$893

BAKERY **\$273**

Establishment retailing baked goods such as cakes, donuts, and breads.

Higher complexity items (i.e. custard, quiche, pumpkin pies) are discouraged but considered on a case by case basis. Detailed description of preparation and cooling procedures are required for approved items with increased complexity.

BED & BREAKFAST **\$298**

Private home or inn offering 8 or less lodging units on a temporary basis to travelers. Offers only breakfast. Foods must be prepared for immediate service or hot holding only. No cooling. Leftovers must be discarded daily.

(Continued on back)

ESTABLISHMENT TYPES & DESCRIPTIONS (Continued)

CATERER \$596

A person contracted to prepare food in an approved food establishment for final cooking or service at another location.

Permitted kitchen must be used for all food, equipment storage, ware washing, and water supply. An Annual Commissary Agreement is required to use a separate business as a base of operation.

ESPRESSO/OTHER BEVERAGE \$248

Kiosk, tasting rooms, or other structure serving only beverages and pre-packaged foods. Annual Commissary Agreement may be required. Permitted kitchen must be used for all food, equipment storage, ware washing, and water supply.

Approval of expanded menus are based upon provided facility infrastructure and evaluated on a case by case basis.

GROCERY

Establishment offering range of groceries including produce, dairy, and/or other packaged foods with cold holding requirements.

Grocery Permit	\$248
Add Level 1	\$248
Add Level 2	\$546
Add Level 3	\$864

MEAT MARKET \$273

Retailing fresh, frozen, or cured proteins, poultry and fish. May be establishment in and of itself, or located within a grocery.

MOBILE UNIT

Readily movable, self-contained food establishment. Adequate hot & cold holding equipment, permanent hand washing stations, potable water, and waste water storage required.

Food storage, food preparation, equipment storage and ware washing needs will be evaluated on a case by case basis.

An Annual Commissary Agreement with a permitted kitchen is required for some or all of these activities.

Level 1	\$273
Level 2	\$596
Level 3	\$1,042

PUBLIC KITCHEN \$273

A permitted kitchen where food is stored, prepared, portioned, or packaged for service to the public. May be rented to other groups to prepare food. Outside groups or businesses using a permitted public kitchen to prepare foods for service to the public must obtain their own annual or temporary permit.

Examples: Church kitchens, kitchen designed for cooking classes or for rental purposes.

Food Establishment

Food establishment within a permanent structure with all code identified facility requirements. Permitted establishment may cater private events within approved complexity level. Fees based on complexity and annual gross revenue.

Level 1	
\$0-\$500K	\$273
\$501K - \$1M	\$328
\$1M+	\$358
Level 2	
\$0-\$500K	\$546
\$501K - \$1M	\$651
\$1M+	\$705
Level 3	
\$0-\$500K	\$864
\$501K - \$1M	\$1,018
\$1M+	\$1,097
Manager Inspection Program	\$356

SEASONAL \$273

Establishment operating only on a seasonal basis (6 or fewer consecutive months a year) in a fixed location.

Examples: concession stands, chef demo booths, holiday mall vendors.

TEMPORARY EVENT

Food service occurs only in conjunction with a scheduled event (fairs, community festivals, etc.) with limited menu. Preparation of menu items must be done only in an approved kitchen or on-site. The approved kitchen must be used for all food and equipment storage, ware washing, and water supply. Foods must be prepared for immediate service or hot holding only. Cooling not allowed. Leftovers must be discarded daily.

1-3 Consecutive Days	\$152
4-21 Consecutive Days	\$302
Late fee	\$50
(if no application within 14 days of event)	

FOOD FOLLOW UP INSPECTION

Mandatory Follow-up inspection \$397
Required if a routine inspection results in 35 or more red critical points.

Food Probation Inspection \$1,191
Repeat critical violation(s) observed during the mandatory follow-up inspection results in Food Probation Inspections

SCHOOLS

New Construction	\$620
Remodel	\$478
Portable Addition	\$265
Cafeteria Public/Private	\$596
Permit Student Store	\$248
Summer School	\$273
Head Start	\$298
School Safety Inspection	\$422

OTHER FEES

Add'l Services (per hour)	\$111.32
Food Handler Card	\$10



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Make Your Outdoor Event Smokefree

Today, people expect smokefree air where they work, live and play and they appreciate attending outdoor events that are smokefree, too. The air is healthier, and the grounds stay cleaner when smoking is not allowed.

Most people do not smoke. Because smoking restrictions at workplaces and indoor public locations assure healthier, smokefree indoor air, few people want to be around secondhand smoke when they're enjoying the outdoors.

Four Reasons Why Smokefree Outdoor Events Are a Good Idea:

There is no safe level of secondhand smoke. The U.S. Surgeon General has said there is no safe level of exposure to secondhand smoke. It is a serious health hazard, even in small amounts. The level of secondhand smoke in the air near a person who smokes outdoors can be as high as indoor secondhand smoke. Harmful chemicals in smoke affect breathing and are especially dangerous to children and people with asthma and heart conditions.

Smokefree outdoor policies reinforce positive role modeling for children and young people. When adults smoke in view of children at outdoor events, children get the message that smoking is associated with enjoyable, outdoor activities. Smokefree outdoor places reinforce the message that smoking is NOT the norm. Smokefree environments reduce the likelihood that children and youth will start using tobacco.

Outdoor smoking bans help people quit. Smokefree outdoor places support people who are attempting to quit because it is less convenient to smoke. People also smoke less as a result of smokefree policies.

Restricting outdoor smoking can reduce litter and pollution from discarded cigarette butts. Discarded cigarette butts pollute land and water. Cigarette butts do not biodegrade. They are poisonous and may be eaten by toddlers, pets, fish and wildlife.

Outdoor smoking bans are becoming more common locally and nationally. Parks and recreation centers in the city of Vancouver are tobacco-free. All farmers markets in Clark County prohibit smoking. Many cities in Washington and across the country have made their outdoor areas smokefree including beaches, water parks and sporting complexes. Places with no-smoking policies have found few problems with enforcement, largely because of the public's own efforts.



Three Steps to a Smokefree Outdoor Event:

1. Make a commitment to not allow smoking at your next outdoor event.
2. Let all event organizers, staff, volunteers and community partners know the event is smokefree. Include the rule in contracts with all vendors.
3. Inform the public and promote the event as smokefree with signs, publicity and reminders. Post free signs available from Clark County Public Health (see photo below), or use a tagline on your promotional materials.

Need help? Clark County Public Health offers:

- Examples of no-smoking policy language
- Free loaner signs & stakes (see photo below), sample messages, taglines and promotional ideas for your smokefree outdoor event
- Information you can share with your vendors. We include smoke free outdoor event information in application packets vendors get from us

Sample taglines:

I  Smokefree Outdoors

Clean Air: It's Ours to Share

We've Cleared the Air

Play Smokefree and Breathe Easy

Breathe Easy, You're at (fill in the name of your event)



Contact: Theresa Cross, Clark County Public Health

360-397-8000 extension 7378, Theresa.Cross@clark.wa.gov